

SUPREME COURT OF QUEENSLAND

CITATION: *Attorney-General for the State of Queensland v Lockrey*
[2009] QSC 346

PARTIES: **ATTORNEY-GENERAL FOR THE STATE OF
QUEENSLAND**
(applicant)
v
DONALD JOSEF LOCKREY
(respondent)

FILE NO: BS 6160 of 2009

DIVISION: Trial Division

PROCEEDING: Application

ORIGINATING
COURT: Supreme Court of Queensland

DELIVERED ON: 2 November 2009

DELIVERED AT: Brisbane

HEARING DATE: 2 November 2009

JUDGE: Daubney J

ORDER: **1. That a supervision order be made in terms of
Annexure A to this judgment**

CATCHWORDS: STATUTES – ACTS OF PARLIAMENT –
INTERPRETATION – STATUTORY POWERS AND
DUTIES – EXERCISE – where respondent convicted of
multiple sexual offences – where respondent concedes that he
would be a serious danger to the community in the absence of
a supervision order under the *Dangerous Prisoners (Sexual
Offenders) Act 2003 (Qld)* – whether the respondent should
be subject to a continuing detention order or a supervision
order

Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)

Attorney-General (Qld) v Downs [2008] QSC 87, applied
Attorney-General (Qld) v Francis [2006] QCA 324, applied
Attorney-General (Qld) v Hynds [2007] QSC 374, cited
Attorney-General (Qld) v Sutherland [2006] QSC 268, cited
Attorney-General (Qld) v Van Dessel [2006] QCA 285,
applied
Attorney-General (Qld) v Waghorn [2006] QSC 171, cited

COUNSEL: J B Rolls for the applicant
C Morgan for the respondent

SOLICITORS: Crown Law for the applicant
Legal Aid Queensland for the respondent

- [1] The Attorney-General has applied, pursuant to Part 2 Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld) ('the Act'), for final orders against the respondent, Donald Josef Lockrey. Whilst the application, as filed, sought a continuing detention order, or alternatively a supervision order, the relief pressed for by the applicant in the course of argument before me was a supervision order under s 13(5) of the Act.

Criminal history

- [2] On 28 December 2000 the respondent was convicted of offences including assault with intent to commit rape, attempted rape, counts of sexual assault and in respect of these he was sentenced to a period of 10 years imprisonment. On that day the respondent was also dealt with for a breach of suspended sentence which had been imposed on 1 October 1999. The offences dealt with on that occasion were break and enter of a dwelling house with intent and stealing. The suspended sentence was revoked and the respondent was sentenced to a period of imprisonment for 3 years to be served concurrently with the period of imprisonment for which he was sentenced in relation to the other offences dealt with on that day.
- [3] The respondent is due to be released on 10 November 2009.
- [4] The respondent's relevant criminal history includes numerous sexually related offences in the 1990s ("Peeping" in 1997, indecent assault in 1997, sexual assault without consent in 1998, and indecent behaviour and wilful exposure in 1999).
- [5] In 2000, he was convicted of the serious sexual offences to which I have already referred. On 28 September 2000, the respondent was sentenced to 10 years imprisonment in relation to a charge of assault with intent to commit rape, attempted rape, and two counts of sexual assault. He was also sentenced to 3 years imprisonment, to be served concurrently, in relation to the two breaches of a suspended sentence imposed by the District Court at Brisbane in October 1999.

- [6] The victim was not known to the respondent at the time. It is reported that he was asleep in a park when the victim, a 21 year old employee of the Treasury Casino, walked past. He followed her to the Southbank Parklands, grabbed her, punched her in the face and threatened to stab her before dragging her into a garden bed. The respondent removed her clothing and proceeded to sexually assault her and force her to perform fellatio. It is reported that he made comments to the effect, "I like school girls. How old are you?" and, "You like being raped, don't you?"
- [7] It is understood that the respondent was heavily intoxicated and had consumed a number of Rohypnol tablets prior to the commission of the offences. It is also understood that the respondent was being prescribed Olanzapine at the time for the treatment of his schizophrenia. The respondent claims he cannot recall the attack. He asserts that he awoke in the park at Southbank the next morning, and then went to Biala. The respondent reports that, whilst there, he saw a news broadcast of the rape. He was pictured in the broadcast. The respondent subsequently absconded. He remained at large for a week before handing himself in.
- [8] The respondent is the older of 2 children. His father, at times, drove banana trucks and worked as a security guard. His mother was a housewife. The family background was said to be untroubled by violence or alcohol abuse. His parents separated when he was 10, following which the respondent lived with his mother and her partner. There are no reports of ill-treatment or abuse at the hands of the step-parent. The respondent's mother subsequently died in a motor vehicle accident when he was 13. His father remarried and the respondent is said to have spent his adolescence moving between his stepfather and his father.
- [9] The respondent struggled academically. He is reported to have made 3 attempts at completing year 10, eventually leaving school before completing year 11. He claims not to have experienced problems from conduct or anxiety disorders whilst at school and reports amicable relations with teachers and students alike.
- [10] Prior to his incarceration in 1999, the respondent reported living an itinerant lifestyle shifting between prison, hostels and backpackers accommodation. Unsurprisingly, his employment history is patchy, and is said to have consisted

mainly of seasonal or casual work such as fruit picking and labouring. His longest period of employment prior to incarceration was 4 months. Alcoholism may be to blame for this lack of employment.

- [11] The respondent has never been in a stable intimate relationship.
- [12] He has a lengthy history of difficulty with drinking alcohol. He has also used marijuana in the past, although he denies using other street drugs or prescription medication.
- [13] It is reported that the respondent was diagnosed with paranoid schizophrenia in 1994 and was treated initially, though did not comply with regular treatment or follow-up. He has, at various times, been diagnosed as suffering severe personality disorder, schizophreniform disorder and drug induced psychotic illness. Although the respondent has reportedly been reviewed by numerous psychiatrists in prison settings, no recurrent psychotic illness is noted.
- [14] There is no history of the respondent having been actively engaged with any treatment service.
- [15] The respondent also has some history of self-harm. Prior to his incarceration, in December 1998, he was admitted to St Vincent's hospital with cuts to both wrists. In July 2004, it was reported that he expressed suicidal tendencies. At least 2 occasions in 2005 the respondent was placed on observation after making a number of minor lacerations to his forearms.
- [16] It was reported that the respondent's condition required monitoring whilst in prison as he was frequently non-compliant with medication. It is understood that the respondent has since been weaned off all psychotropic medications and has, on his report, been symptom free for the past 8 months.
- [17] The respondent has no other medical conditions of note.

- [18] His prison history has not been trouble free – he has been breached on at least 5 occasions for a range of disciplinary offences. In 2005 he was reported to be a difficult prisoner to manage on a day-to-day basis. In January 2001, the respondent refused a place on the Substance Abuse: Preventing and Managing Relapse program. He subsequently completed a Substance Abuse Program in 2003. The exit report indicated that the respondent was very co-operative, appeared eager to learn, attended most of the sessions, developed a good understanding of the program, and met all program requirements. The respondent also completed a Cognitive Skills Core Program in 2003. The exit report for that program reported that the respondent’s disclosure was poor, he appeared reluctant to accept full responsibility for his offending, he rarely attempted to apply concepts to his own situation, failed to complete homework, appeared disinterested and reluctant to participate.
- [19] So far as sexual offence rehabilitation is concerned, the respondent completed the Preparatory Program in October 2007. The exit report for the program indicates that he was an active participant who has accepted responsibility for his offending and displayed some insight into his offending. He was considered to fall within the contemplative stage of treatment in that he acknowledged problems but had yet to take any relevant action. It was recommended that the respondent participate in the “High Intensity Sexual Offending Program” to build upon the gains made during the preparatory program.
- [20] The respondent commenced the Crossroads: High Intensity Sexual Offending Program on 12 November 2007 and completed it on 5 June 2008. The exit report for the program indicates that the respondent struggled with considerable psychiatric problems and low self-esteem over much of the program. It is reported that he suffered considerably more stress than other participants and required “time outs” to seek additional medication. The respondent’s participation was limited, although this has been attributed to difficulties experienced when the composition of the group changed. It is reported that his low self-esteem affected his functioning. Note was made of his fragile mental state. Despite this, it is reported that he managed to complete work to a good standard. He was reported to have been very frank and open regarding his history of sexual offending and his psychiatric history.

- [21] It was noted, however, that the respondent demonstrated a tendency to portray and perceive himself as a victim. It was also thought that he may have been using his offending as a cry for help.
- [22] It was recommended that the respondent participate in the “SOMP”, that he be subject to monitoring, linked in with mental health services, and that he abstain from drug and alcohol use.

The scheme of the Act

- [23] In relation to the present application, the scheme of the relevant provisions of the Act was outlined by the Court of Appeal in *Attorney-General (Qld) v Francis* [2006] QCA 324 at paras 25-29:

[25] The order which may be made by the court under s 13(5) of the Act, and confirmed under s 30 of the Act, is, in terms, an order made for “control, care or treatment” of a dangerous prisoner. By virtue of s 13(2) of the Act, such an order may be made only if the court is satisfied that a prisoner would constitute a serious danger to the community in the form of “an unacceptable risk that the prisoner [would] commit a serious sexual offence”. As an alternative to a continuing detention order, under s 13(5)(a), the court may order, under s 13(5)(b), that the prisoner be released from custody subject to appropriate conditions.

- [26] The objects of the Act are expressed in s 3 of the Act as being:

- “(a) to provide for the continued detention in custody or supervised release of a particular class of prisoner to ensure adequate protection of the community; and
- (b) to provide continuing control, care or treatment of a particular class of prisoner to facilitate their rehabilitation.”

[27] Section 13(6) provides that, in deciding whether to make an order under s 13(5)(a) or (b), “the paramount consideration is to be the need to ensure adequate protection of the community”.

[28] Section 13(5)(a), in speaking of a continuing detention order as an order “for control, care or treatment”, identifies the three purposes for which an order may be made: control of the dangerous prisoner, care for the dangerous prisoner, or treatment of the dangerous prisoner. These purposes are identified as alternatives. The phrase “control, care or treatment” must, as a matter of ordinary language, be read disjunctively.

[29] This disjunctive reading suggests that there may be cases where the basis for an order may be, either

- the control of an incorrigible offender, or
- the care of an offender whose propensities endanger the offender as well as others, or
- the treatment of an offender with a view to rehabilitation.

It will often be the case that more than one of these considerations will inform the making of an order.’

[24] By amendments to the Act which were effective from 29 August 2007, the Court is required to receive any submissions supplied by an ‘eligible person’. Such a person is required to be given notice of this hearing. An eligible person is defined as a person registered as an eligible person in relation to the prisoner on an ‘eligible person’s register’. Such a register is required to be kept under the *Corrective Services Act 2006* (Qld). On the evidence before me, there is no ‘eligible person’ able to be identified in respect of the respondent. Accordingly, no submissions pursuant to s 9AA of the Act have been placed before the Court.

Psychiatric and psychological assessments

[25] I have already referred to the respondent’s participation in the High Intensity Sexual Offending Program in 2007-2008.

- [26] The material before also contains an assessment conducted in July 2007 as part of the respondent's Sexual Offending Program assessment. On application of the Static-99 Scale, he was assessed as being a high risk of re-offence.
- [27] For the purposes of the present application, the respondent has been examined by a number of psychiatrists, namely Dr Josie Sundin, Dr Donald Grant, and Dr Michael Beech. A report from each of those doctors is in evidence before me.
- [28] Dr Sundin examined the respondent on 21 August 2008, and has provided a written report in which she describes at length the results of her interview with the respondent and details of the various tests applied by Dr Sundin in reaching her conclusions. She diagnosed the respondent as suffering from "Chronic Schizophrenia (paranoid type)" and also referred to him suffering from Alcohol Abuse / Dependence which was in remission while in prison and an Anti-Social Personality disorder which did not meet the criteria for psychopathy.
- [29] In her dynamic assessment of the respondent, Dr Sundin said:

"Historically Mr Lockrey demonstrates characteristics consistent with a diagnosis of Anti-Social Personality Disorder as well as having an extensive history of psychotic episodes that have required hospitalisation. This potential combination for both "bad and mad" to use popular parlance is particularly vested. When alcohol is added on top the outcome is particularly dangerous. Additionally we have a history of escalation of sexual violence over time which is particularly concerning. In my estimation the Brisbane assault ended only as well as it did as a result of the wit of the victim.

While the facilitators of the HISOP give Mr Lockrey a fairly good report; one must exercise caution when one weighs this against his objective poor performance in the cognitive skills programme. My impression was that his poor comprehension as demonstrated then; was reflected in the way he gave such a limited account of the HISOP to me. I have serious doubts as to how much he has actually absorbed.

The pervasive theme of his presentation to me and to the HISOP facilitators was of his perception of himself as a victim and as an individual who has never been helped by others. He has no record of taking responsibility for himself or his actions, laying the blame off onto alcohol, others or his victims.

He has lived a nomadic existence, which is both a product of and exacerbates his lack of attachments. His probable Chronic Schizophrenia aggravates this itinerant lifestyle and further impairs his impulsive, poorly thought out judgements. It also has the potential to aggravate his capacity for violence. He is inclined to resolve difficulties through violence and has escalated his pattern of sexual violence.

Despite participating in the HISOP, in his interview with me he struggled to demonstrate victim empathy and retained an intensely egocentric focus.

From a clinical perspective I would judge his recidivism risk as high.”

[30] Dr Sundin was of the opinion that the respondent’s post-release management must incorporate:

1. linking him in with community mental health services under the care of a psychiatrist and requesting the provision of a case manager to monitor his mental state within the community;
2. ensuring that he remains abstinent from alcohol and all other illicit substances;
3. linking him into secure, stable accommodation;
4. assisting him to find employment;
5. referring him to a maintenance program for sex offenders.

[31] Dr Beech interviewed the respondent on 21 August 2009, and has provided a report dated 22 September 2009. It is, if I may say, a comprehensive report, which sets out the detail of the various tests and diagnostic aids employed by Dr Beech. It is sufficient for present purposes if I quote Dr Beech’s “Summary and Opinion” at length:

“Donald Lockrey is a thirty-five year old single man coming to the end of a term of imprisonment for assault and attempted rape which occurred almost immediately after he had been convicted and placed on a suspended sentence for offences that had a sexual component.

There is an extensive criminal history preceded by adolescent disruptive behaviour that in my opinion indicates that he has an **Anti-social Personality Disorder**.

There are however other longstanding traits of limited relationships, low self-esteem, self-harm and poor reaction to stress that also indicate a second mixed **Personality Disorder**.

This has been associated with significant drug and alcohol abuse that I believe indicates that in the past he has had both **Alcohol and Cannabis Abuse and Dependence**.

It is unclear to me whether he has a primary mental illness of Schizophrenia or a secondary Drug Induced Psychosis. He is at least prone to psychosis that is exacerbated by drug use and his psychosis has had some role in earlier offending.

There is a significant history of sexual offending. While the current offences and others were violent and past ones did involve children I do not believe that he is a sadist or a Paedophile. I do think that he has the Sexual Deviances of **Voyeurism and Exhibitionism** although they are likely to be acted on when he is intoxicated.

His difficulties can be seen to have arisen in the context of childhood stresses that markedly deteriorated in early adolescence with the death of his mother and the rejection by his father and then extended family members. This then involved early drug use and led to a dissolute and itinerant lifestyle that he really did not shake in adulthood. It has been characterised also by lack of intimate partners and support. Instead he has favoured prostitutes from a young age which I believe has led to distorted views concerning women and has facilitated resentment and entitlement, and in turn sexual offending. Sexual deviances have acted to foster this. Generally he has had limited personal strengths and he has been prone to low self esteem, suicidal ideation, and poor reaction to stressors of general living.

Drug use and alcohol abuse have acted in many ways to perpetuate his difficulties. They have aggravated his general living circumstances, induced and aggravated psychosis, and intoxication has been an almost constant feature of all his offending. They have also I believe made it hard for him to comply with treatment, supervision, and regular employment.

He has in prison made a number of significant changes. In part this reflects the maturity of aging into his thirties. In addition, institutional structure and enforced sobriety have allowed him to gain appropriate treatment for his substance dependence, psychosis, and sexual offending. He has benefited from these interventions and notwithstanding a tendency to project and displace responsibility, he has gained insight into his risks for reoffending and voices a positive attitude to ongoing support, while formulating appropriate plans for release.

Overall I believe that on release he would be at high risk of sexual reoffending at this stage. I believe that this is simply due to his poor ability to withstand stress. On release he would be exposed to a range of destabilisers which I believe would lead to the recommencement of alcohol and drug use. All other risks would flow from that and he would quickly fall out of treatment and any gains would be lost as he returned to his itinerant unsupported lifestyle. Violence and sexual violence would ensue in the context of intoxication and a return of earlier beliefs and attitudes of exhibitionism, entitlement and possibly psychosis.

In my opinion this risk could be managed and reduced substantially by supervision that promoted sobriety, ongoing counselling, and the pursuit of pro-social activities such as accommodation stability, employment and further education.

He would benefit from drug and alcohol monitoring and attendance at AA meetings. He would also benefit from a community based maintenance sexual offender program. It is essential that there is some psychiatric oversight of his medication and compliance. Individual counselling would assist him to weather the vicissitudes of life without decompensating into sadness and depression.

Given his relative youth and his chronic pattern of adult offending I believe this supervision would be needed for at least five years, and probably more likely ten years.

[32] Dr Grant saw the respondent on 24 July 2009, and has provided a comprehensive report dated 18 August 2009 in which the doctor also describes at length the various investigations he undertook for the purpose of formulating his diagnosis and opinion. Dr Grant's view was that the respondent has a high risk of violent and sexually violent re-offending if released from prison. In evidence before me, however, Dr Grant confirmed that this was his opinion in respect of an unsupervised release of the respondent back into the community, and said that he thought that the risk would be reduced to moderate if the respondent is released under supervision. Dr Grant also expressed the following opinions in relation to the release of the respondent under supervision:

“Mr Lockrey has undergone a number of programs in prison including the High Intensity Sexual Offender Program. There are no other programs which are likely to be of benefit to him in the custodial environment. However, if he is to be released from prison a sexual offender maintenance program would be strongly indicated. Also strongly indicated would be individual psychiatric treatment, psychological counselling and alcohol and drug counselling.

In my opinion if Mr Lockrey is released from prison he would need a comprehensive and very well monitored supervision program. Such a program would aim to achieve a degree of social stability, appropriate psychiatric treatment and monitoring, individual counselling and therapy as indicated, the application of alcohol and drug treatments and counselling and the monitoring of his alcohol and drug use using methods such as alcohol breath tests and urine drug screens.

If Mr Lockrey was to re-offend the most likely victim would be adult females unknown to him who he might encounter in various public settings as in his previous offending behaviour or in the privacy of their own home. Mr Lockrey would be most likely to re-offend when in a state of intoxication and in a state of emotional decompensation and anger. The escalation in severity of his sexual offences over the years is of considerable concern and if he was to continue to follow that trajectory one could anticipate the possibility of extremely violent sexually aggressive behaviour.

Mr Lockrey has matured to some extent in the last 10 years and has made some gains and developed some insight as a result of the programs which he has attended. At an intellectual level he certainly understands the risk factors which might lead to re-offending. He appears to be quite well motivated to undertake further monitoring and treatment when he leaves prison. However, he is very vulnerable to decompensating in a poorly structured environment and any supervision order must therefore address that issue. I suspect he may well welcome the imposition of quite defined boundaries and strict limits of what he can do initially, with a graduated program designed to assist him in establishing more independent and productive living over time.

Psychiatric treatment will definitely need to form part of Mr Lockrey's ongoing treatment and supervision. I would recommend he remain on antipsychotic medication for at least a period of time after discharge from prison but it remains to be seen whether he will require long term antipsychotic treatment or whether in fact this will prove not to be necessary in the longer term.

Psychiatric treatment on its own however will not be sufficient to address Mr Lockrey's wider needs and these will need to be assisted by the usual range of social and professional supports that can be provided under a supervision order."

[33] Dr Grant told me in evidence that he considered that, having regard to the age of the respondent, the risk may endure for a considerable number of years. He thought that a supervision order should be for at least 10 years, but conceded the possibility of a 15 year duration.

[34] In the course of his evidence, Dr Grant was also shown the terms of a proposed draft supervision order. That draft contained a number of proposed conditions which were particularly directed to isolating the respondent from situations involving children, especially young females. Dr Grant was taken in detail through these draft proposed conditions, and confirmed that the respondent has no history of paedophilia and that the proposed draft conditions, whilst potentially applicable to predatory paedophiles, were not appropriate for the respondent's case.

Supervision order

[35] It was not contended before me on behalf of the respondent that I ought not make a finding that he would be a serious danger to the community in the absence of the Division 3 order. Lest there be any doubt, I record that the evidence before me is acceptable, cogent evidence which persuades me to a high degree of probability that the evidence is of sufficient weight to justify me making a decision under s 13(1) that the respondent represents a serious danger to the community within the meaning of s 13(1).

[36] It is appropriate to repeat some observations I made in *Attorney-General for the State of Queensland v Downs* [2008] QSC 87:

[28] The making of a continuing detention order under the Act is clearly a serious incursion into an individual's right to liberty

after the expiration of a judicially imposed period of incarceration; hence the need to resort to a continuing detention order only if the Court concludes that adequate protection of the community cannot be ensured by the making of a supervision order. In *Attorney-General (Qld) v Francis*, the Court of Appeal said, at [39]:

‘The Act does not contemplate that arrangements to prevent such a risk must be “watertight”; otherwise orders under s 13(5)(b) would never be made. The question is whether the protection of the community is adequately ensured. If supervision of the prisoner is apt to ensure adequate protection, having regard to the risk to the community posed by the prisoner, then an order for supervised release should, in principle, be preferred to a continuing detention order on the basis that the intrusions of the Act upon the liberty of the subject are exceptional, and the liberty of the subject should be constrained to no greater extent than is warranted by the statute which authorised such constraint.’

[37] The applicant carries the onus of demonstrating that the risk of re-offending remains unacceptable if the prisoner is released under supervision. Accordingly, it is for the applicant to demonstrate that a continuing detention order should be preferred to a supervision order.¹

[38] As I have already noted, the relief pressed for before me on behalf of the Attorney-General was for the making of a supervision order. That, clearly, is the appropriate form of relief in light of the expert psychiatric evidence before me, and which I have detailed above. I reach that conclusion, noting that the paramount consideration is the need to ensure adequate protection of the community.

[39] A supervision order has effect in accordance with its terms for the period stated in the order – s 15(b). A supervision order must be made for a definite term.² The

¹ *A-G (Qld) v Francis* (2006) QCA 324; *A-G (Qld) v Waghorn* [2006] QSC 171; *A-G (Qld) v Hynds* [2007] QSC 374.

² *Attorney-General (Qld) v Van Dessel* [2006] QCA 285.

difficulties in fixing a period, involving as that exercise does the necessity to attempt to predict conduct and circumstances many years in the future, have been recognised on several occasions. For example, in *Attorney-General for the State of Queensland v Van Dessel*, Holmes JA said:³

[31] The selection of the term of a period of supervision appropriate to “ensure adequate protection of the community”, the paramount consideration identified in s 13(6) of the Act, must have elements of the arbitrary about it, given the increasing difficulties of prediction the further one attempts to look into the future. It is, however, relevant, in my view, to take into account that the Act, while not providing for review, allows for a number of courses of action to be taken in the event of actual or prospective contravention of a supervision order. Section 22 enables the court, if it is satisfied on the balance of probabilities that the person under supervision is likely to contravene or has contravened the order, to amend its conditions; to rescind it and replace it with a detention order; or to make any other order it considers appropriate to achieve compliance or to ensure adequate protection of the community. It is possible that the last power (contained in s 22(d)(ii)) might permit extension of the order’s duration; but it is unnecessary, for present purposes, to reach any conclusion as to that.

[32] I consider that an order of 20 years duration would provide adequate community protection in this case. If the appellant significantly contravened its requirements at any point in that lengthy period, there is the real prospect of its rescission and replacement with detention. If, on the other hand, he were able to conduct himself for the entirety of the period without contravention or apprehended contravention (and the order’s conditions are many and rigorous) one could expect that the risk of re-offending would be much diminished at the end of that period.’

³ At paras 31 and 32.

See also the observations of McMurdo J in *Attorney-General (Qld) v Sutherland* [2006] QSC 268 at [51].

[40] Having regard to the views expressed particularly by Dr Beech and Dr Grant, I consider that the term of the supervision order in this case ought be 10 years.

[41] Accordingly, there will be a supervision order, pursuant to s 13(5)(b) of the Act, in the terms set out in Annexure A to this judgment.

ANNEXURE A

THE ORDER OF THE COURT IS THAT:

THE COURT being satisfied to the requisite standard that the respondent, Donald Josef Lockrey, is a serious danger to the community in the absence of an order pursuant to Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003* ORDERS THAT:

1. The respondent be subject to the following conditions until 10 November 2019.

The respondent must:

- i be under the supervision of a Corrective Services officer for the duration of the order;
- ii report to a Corrective Services officer at the Queensland Corrective Services Probation and Parole Office closest to his place of residence between 9am and 4pm on the day of release from custody and at that time advise the officer of the respondent's current name and address;
- iii report to, and receive visits from, a Corrective Services officer at such times and at such frequency as determined by Queensland Corrective Services;
- iv notify and obtain the approval of a Corrective Services officer for every change of the prisoners name at least two business days before the change occurs;
- v comply with a curfew direction or monitoring direction;
- vi notify a Corrective Services officer of the nature of his employment, or offers of employment, the hours of work each day, the name of his employer and the address of the premises where he is or will be employed;
- vii seek permission and obtain approval from a Corrective Services officer prior to entering into an employment agreement or engaging in volunteer work or paid or unpaid employment;
- viii reside at a place within the State of Queensland as approved by a Corrective Services officer by way of a suitability assessment;
- ix if this accommodation is of a temporary or contingency nature, reasonable efforts must be demonstrated to secure alternative, viable long term

- accommodation to be assessed for suitability by Queensland Corrective Services;
- x whilst housed at any contingency or temporary accommodation comply with any regulations or rules in place at this accommodation;
 - xi not reside at a place by way of short term accommodation including overnight stays without the permission of a Corrective Services officer;
 - xii seek permission and obtain the approval of a Corrective Services officer prior to any change of residence;
 - xiii not leave or stay out of Queensland without the written permission of a Corrective Services officer;
 - xiv not commit an offence of a sexual nature during the period of the order;
 - xv not commit an offence of assault against a female or commit an offence of which assault is an element involving a female during the period of the order;
 - xvi comply with every reasonable direction of a Corrective Services officer;
 - xvii respond truthfully to enquiries by Corrective Services officers about his whereabouts and movements generally;
 - xviii not have any direct or indirect contact with a victim of his sexual offences;
 - xix disclose to a Corrective Services officer upon request the name of each person with whom he associates and respond truthfully to requests for information from a Corrective Services officer about the nature of the association, address of the associate if known, the activities undertaken and whether the associate has knowledge of his prior offending behaviour;
 - xx notify the Corrective Services officer of the make, model, colour and registration number of any vehicle owned by or generally driven by him, whether hired or otherwise obtained for his use;
 - xxi submit to and discuss with a Corrective Services officer a schedule of his planned or proposed activities on a weekly basis or as otherwise directed;
 - xxii if directed by his supervising Corrective Services officer, make complete disclosure of the terms of this supervision order and the nature of his past offences to any person as nominated by the supervising officer who may contact such persons to verify that full disclosure has occurred;
 - xxiii abstain from the consumption of alcohol for the duration of this order;
 - xxiv abstain from illicit drugs for the duration of this order;
 - xxv take prescribed drugs only as directed by a medical practitioner;

- xxvi disclose to the Corrective Services officer all prescription and over the counter medication that he obtains;
- xxvii not visit premises licensed to supply or serve alcohol, without the prior written permission of the Corrective Services officer;
- xxviii submit to any form of drug and alcohol testing including both random urinalysis and breath testing as directed by a Corrective Services officer;
- xxix attend upon and submit to assessment, treatment, and/or medical testing by a psychiatrist, psychologist, social worker, counsellor or other mental health professional as directed by the Corrective Services officer at a frequency and duration which shall be recommended by the treating intervention specialist;
- xxx permit any medical, psychiatrist, psychologist, social worker, counsellor or other mental health professional to disclose details of treatment, intervention and opinions relating to level of risk of re-offending and compliance with this order to Queensland Corrective Services if such a request is made for the purposes of updating or amending the supervision order and/or ensuring compliance with this order;
- xxxi attend any program, course, psychologist, social worker or counsellor, in a group or individual capacity, as directed by a Corrective Services officer in consultation with treating medical, psychiatric, psychological or other mental health practitioners where appropriate;
- xxxii seek written permission from a Corrective Services officer prior to joining, affiliating with or attending on the premises of any club, organisation or group.